

216022120
100599

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 123	Agency Case No. B6-047586	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/30/2016		TIME OF ACCIDENT 1410	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1521	06/01/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Super Saver parking lot (2662 Cornhusker)		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		400.00			X	N 27th
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	parked vehicle			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N 1	DRIVER			PHONE	LOCAL NO.	
V2/N 1	DRIVER ADDRESS CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
G 2	OWNER LORI RAHE			PHONE 402-601-1708	LOCAL NO.	
		OWNER ADDRESS CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
H 2	LICENSE PLATE PA NO. RUU460	YEAR 2016	STATE (Of Plate) NE			
V1/O 1	VEHICLE 2003	MAKE Chrysler	MODEL PT Cruiser	BODY STYLE 4 door Sedan	COLOR silver / chrome	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$ 2000
V2/O 1	VEHICLE ID NO. (VIN) 3C4FY58B13T655684	INSURANCE COMPANY none			POLICY NO. none	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.				STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P 8	DRIVER			PHONE	LOCAL NO.	
V2/P 8	DRIVER ADDRESS CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
J 01	OWNER unknown			PHONE	LOCAL NO.	
		OWNER ADDRESS CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE NO. unknown	YEAR	MAKE Dodge	MODEL Durango	BODY STYLE Compact Utility	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$
V2/Q 4	VEHICLE ID NO. (VIN)	INSURANCE COMPANY unknown			POLICY NO.	
K 01	TOWED TO	TOWED BY			POLICY NO.	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

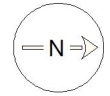
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-047586



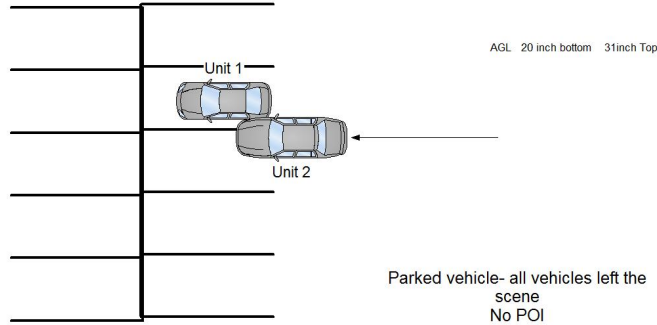
Indicate
North
by Arrow



Not To Scale

Super Saver (2662
Cornhusker Hwy)

To N
27th



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was parked at Super Saver on the North side of the lot. A witness stated that vehicle #1 was hit by vehicle #2 when it was attempting to park. The witness stated that vehicle #2 was hit by a Dark Blue Durango with a B/M driver. Vehicle #2 left the scene without providing any information. See ACI for details.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Frederick W Briggs 1909 N 29th, Lincoln, NE				PHONE 402-610-2186
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2								
1		X			parking lot at Si										
2		X			parking lot Su										
1	01	06 Turning left			POINT OF IMPACT	06	POINT OF IMPACT	02	1 Deployed - front		1 None used - vehicle occupant		Driver No. 1		
2		08 Entering traffic lane			MOST DAMAGED AREA	06	MOST DAMAGED AREA	02	2 Deployed - side		2 Lap & shoulder belt used		Driver No. 2		
				00 None			01			3 Deployed - both front/side		3 Shoulder belt only used		Pedestrian	
				09 Top & windows			02			4 Not deployed		4 Lap belt only used			
				10 Undercarriage			03			5 Not applicable/ No airbag available		5 Child safety seat used			
				11 Total (all areas)			04			6 Unknown		6 Child booster seat used			
				12 Other			05			7 DOT approved helmet used		7 Costume helmet used			
							06			8 Restrained use unknown		8 Restrained use unknown			
							07								
							08								

OFFICER NO. 1285	TROOP/ TEAM/ BEAT 2	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME <i>(Print or Type)</i> Dawn Moore		INVESTIGATOR SIGNATURE Approved by Dawn Moore	DATE OF REPORT 06/01/2016